

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mildred E. Anderson

Town Ellicott City County Howard MARYLAND

Died at Ellicott City

Date of death 1909 Dec 26 Age 10 Years Months Days

Sex Female Color or Race (Col) Birth-place Maryland

Occupation none Where Residing if not at place of death none

Married Single Name of Wife or Husband none

Father's Name John Anderson Father's Birthplace Maryland

Mother's Maiden Name Nellie Redmond Mother's Birthplace Maryland

Name of person giving Information Susie Harris How related to deceased Mother

CAUSES OF DEATH

Primary Chronic Bronchitis How long 1 Year

Immediate Asthenia How long 6 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. B. Lambill

Address Ellicott City, Md.

Accident or Suicide None

PHYSICIAN
OR CORNER

bbl

Name
in
Full

Nicholas Boston

CERTIFICATE OF DEATH

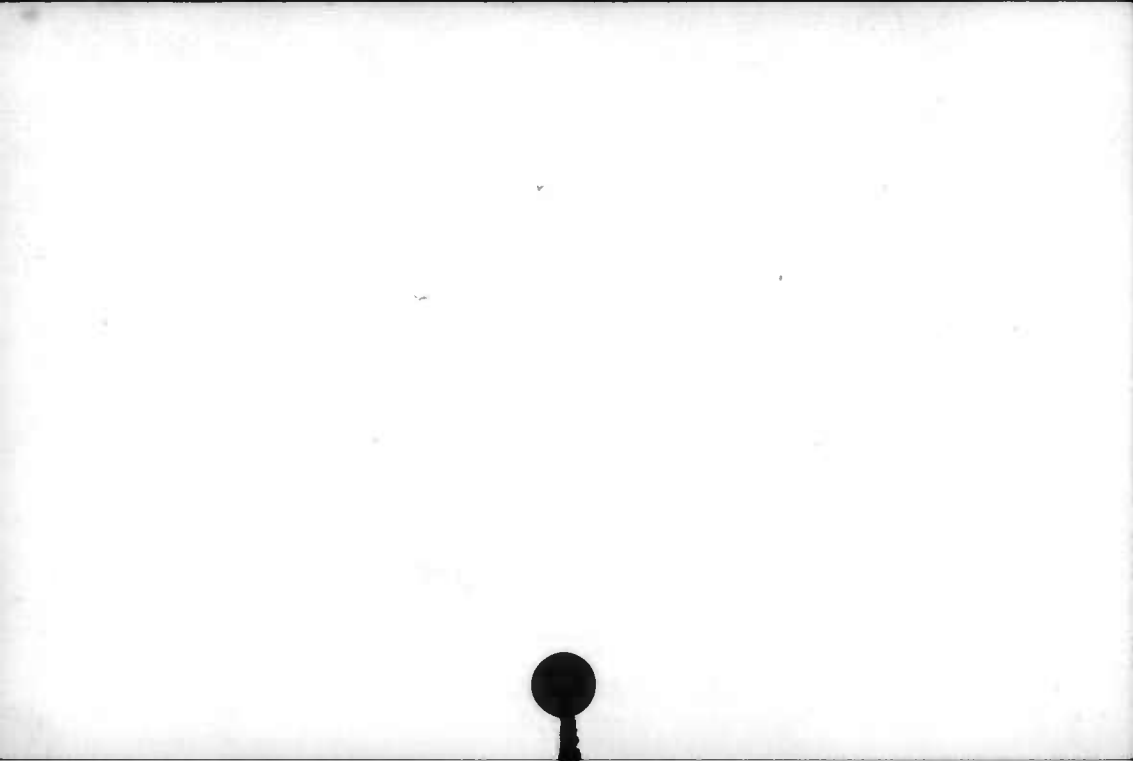
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Guilford</u> ^{town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month} <u>Dec</u> ^{Day} <u>27</u> ^{Years} <u>62</u> ^{Months} <u>7</u> ^{Dys} <u>26</u>	Age			
Sex	<u>Male</u>	Color or Race	<u>Col.</u>		
Occupation	<u>Laborer</u>		Birth-place	<u>Howard Co</u>	
Where Residing if not at place of death					
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Isabella Boston</u>		
Father's Name	<u>Unknown</u>	Father's Birthplace	<u>Unknown</u>		
Mother's Maiden Name	<u>Unknown</u>	Mother's Birthplace	<u>Unknown</u>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Nephritis</u>	How long	<u>4 days</u>
Immediate	<u>Uremia</u>	How long	<u>12 hours-</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>Chas. C. Tumbleson</u>
Address		<u>Guilford</u>	
Accident or Suicide			



Name
in
Full

Albert Bremer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge P.O.</i>		Town <i>Howard</i>		County		MARYLAND					
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>20</i>		Age <i>72</i>		Months <i>11</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>							
Occupation <i>none</i>				Where Residing if not at place of death <i>Resided at place of death</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Annie Bremer</i>									
Father's Name <i>not known</i>				Father's Birthplace <i>Germany</i>							
Mother's Maiden Name <i>not known</i>				Mother's Birthplace <i>Germany</i>							
Name of person giving Information <i>Mrs Edward Holste</i>				How related to deceased <i>daughter</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>debility from age</i>		How long <i>154</i> <i>2 years</i>	
Immediate <i>some</i>		How long <i>some</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Arthur Williams</i>	
		Address <i>Elk Ridge Ind</i>	
Accident or Suicidal <i>no</i>			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *no name* *Bryar* County *Howard Co* Maryland

Town *Jonestown*

Died at *Jonestown* Month *Dec* Day *2* Age *—* Years *—* Months *—* Days *—*

Date of death *1909*

Sex *Female* Color or Race *Color* Birth-place *Ind.*

Occupation *no* Where Residing if not at place of death *Jonestown*

Married, Single or Widowed *no* Name of Wife or Huaband *no*

Fether's Name *Charles Bryar* Fether's Birthplace *Ind.*

Mother's Meiden Name *Lavinia Jones* Mother's Birthplace *Ind.*

Name of person giving Information *Lavinia Jones* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still born* How long *✓*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>John Coates</i>		Town <i>Elliott City</i>		County <i>Howard</i>	
Date of death <i>1909</i>		Month <i>Dec.</i>	Day <i>17</i>	Age <i>25</i>	Years <i>no</i>
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Elliott City</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rose Coates</i>			
Father's Name <i>Mathew Coates</i>		Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Annie Coates</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mathew Coates</i>		How related to deceased <i>Brother</i>			

'CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary <i>Vegetative Endocarditis</i>	How long <i>Don't know</i>
Immediate <i>Core had 1/2 in tubes</i>	How long <i>Two minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William F. Kelly</i>
	Address <i>Elliott City Md</i>
Accident or Suicide?	



1993

Name
in
Full

Minnie Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Dorsey ^{County} Howard ^{MARYLAND}

Date of death 1909 ^{Month} Dec ^{Day} 13 Age 37- ^{Years} Exact age not known ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place Maryland

Occupation Washerwoman Where Residing if not at place of death near Dorsey.

Married, Single or Widowed Name of Wife or Husband Wm. Chambers Sr

Father's Name Benjamin Thue Father's Birthplace Md.

Mother's Maiden Name Catherine Garman Mother's Birthplace Md

Name of person giving Information John H. Chambers How related to deceased Stepson

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Grip

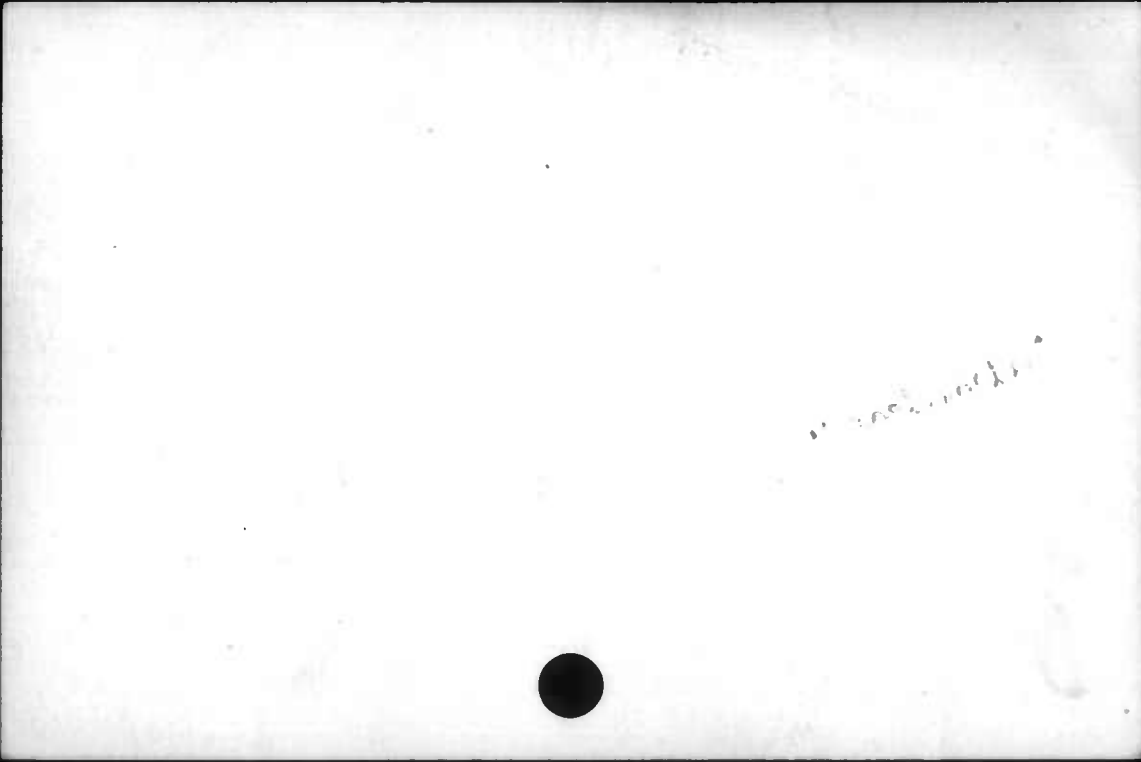
Immediate Lobar pneumonia (bilateral)

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. R. Eareckson

Address Oak Ridge.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Conaway* Town *Savage* County *Howard* MARYLAND
Died at
Date of death 1909 12 4 Age 1
Sex *male* Color or Race *white* Birthplace *Md.*
Occupation *Infant* Where Residing if not at place of death *Savage*
Married, Single or Widowed *single* Name of Wife or Husband
Father's Name *Clayton Conaway* Father's Birthplace *Md.*
Mother's Maiden Name *Bertie Lee* Mother's Birthplace *Md.*
Name of person giving Information *Bertie Conaway* How related to deceased *mother*

CAUSES OF DEATH

Primary *Delayed Birth* How long *8 hr*
Immediate *Asphyxiation* How long *30 min.*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. M. M. D.*
Address *Savage Md.*
Accident or Suicide *accident*



Name
in
Full

George Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jonestown</i>		Town		County <i>Howard</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Dec</i>	Day	<i>3</i>	Age	<i>27</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany.</i>		Months	<i>90</i>
Occupation <i>Shoemaker</i>		Where Residing if not at place of death <i>Jonestown</i>		Days		<i>00</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband		<i>Elizabeth Frank.</i>			
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>Don't know</i>		
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	<i>Don't know</i>		
Name of person giving information	<i>Henry Frank</i>			How related to deceased	<i>Son</i>		

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary	<i>Pyelo-nephritis</i>	How long	<i>18 mos.</i>
Immediate	<i>Exhaustion</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. C. Shum</i>	
		Address <i>Ellicott City.</i>	
Accident or Suicide?			



abl

Name
in
Full

No name

Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death		1909	Month Dec	Day 28	Age —	Months —	Days —
Sex Female		Color or Race Colored		Birth- place Ellicott City, Md.			
Occupation House				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Samuel Gardner				Father's Birthplace Howard Co. Md.			
Mother's Maiden Name Ida May Needham				Mother's Birthplace Ellicott City, Md.			
Name of person giving Information Aunt Needham				How related to deceased Aunt			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Protracted Labor	How long —
	Immediate	Asphyxia	How long —
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
	Yes		Address Ellicott City, Md.
Accident or Suicida			



800

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Gerwig*

Died at *Ellicott City* ^{Town} *Howard* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Dec* ^{Day} *15* ^{Age} *79* ^{Years} *1* ^{Months} *10* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ohio*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *widowed* Name of Wife or Husband *Caroline Bing*

Father's Name *Jacob F. Gerwig* Father's Birthplace *Germany*

Mother's Maiden Name *Christina Lehman* Mother's Birthplace *Germany*

Name of person giving information *Harry Gerwig* How related to deceased *Nephew*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *General Debility* How long *3 months*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John H. H. Jr.*

Address *West Friendship*

Howard County, Md

Accident or Suicide? *—*



76L

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Elliott Hunt*
Town *Elliott City* County *Howard*

Died at *Elliott City* Month *Dec* Day *20* Age *7* Years Months *5* Days *5*

Date of death *1909 Dec 20* Sex *Male* Color or Race *white* Birth-place *Md*

Occupation *_____* Where Residing if not at place of death *_____*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*

Father's Name *Thomas Hunt Jr* Father's Birthplace *Md*

Mother's Maiden Name *Bulah E. Hunt Haines* Mother's Birthplace *Md*

Name of person giving Information *Mother* How related to deceased *_____*

CAUSES OF DEATH

79

Primary *Heart & Aortic Insufficiency* How long *Several years*

Immediate *Cardiac Asthma Pulmonary Edema* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank E. Miller MD* Address *Elliott City Md*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



L6L

Name
in
Full

Evaline Leroy

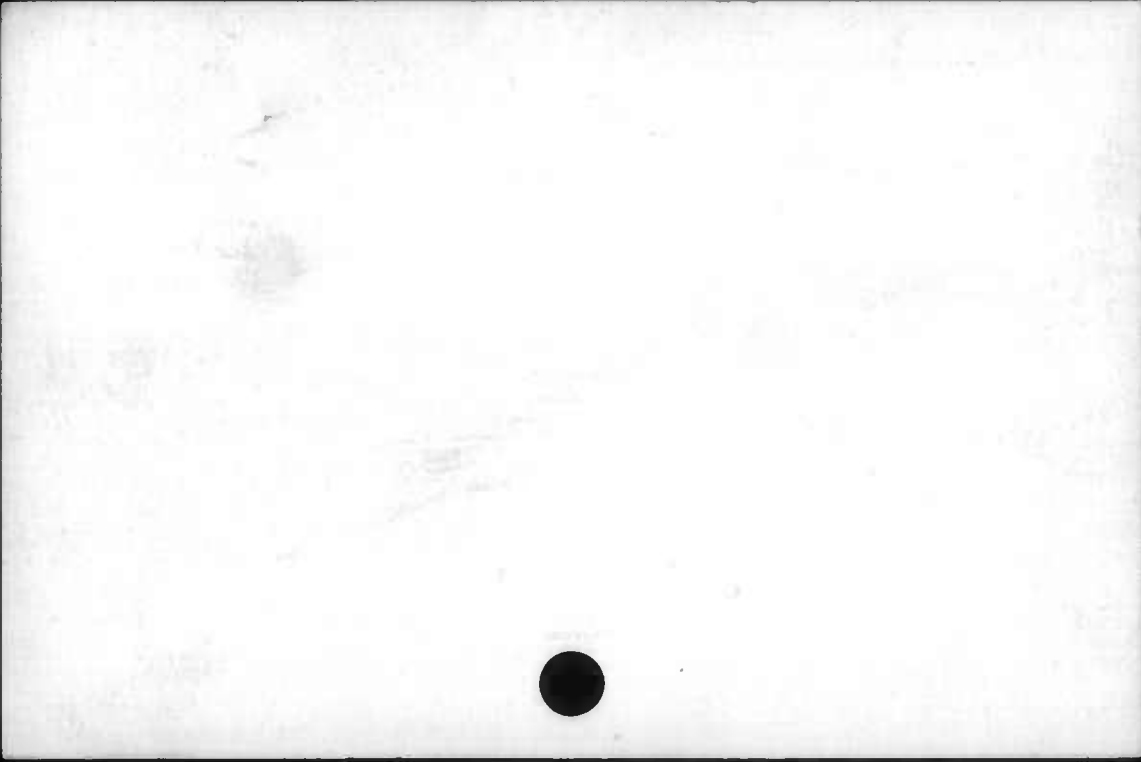
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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND			
Date of death		Month	Day	Years	Months	Days	
190		9	Dec	23	Age	61	
Sex	Female		Color or Race	Col. A.		Birth-place	Virginia
Occupation	Cook -		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name		unknown		Father's Birthplace		Va	
Mother's Maiden Name		unknown		Mother's Birthplace		Va	
Name of person giving Information		Mary Chaney		How related to deceased		daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary	Organic Ht Disease & Genl. Anasarca	How long	12 weeks
Immediate	Heart Failure	How long	6 hours -
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas E. Tumbleson	
Address		Guilford -	
Accident or Suicide			



Name
in
Full

Nicholas Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Athol* ^{County} *Howard* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *12* ^{Yeere} *18* Age ^{Months} *80* ^{Days}

Sex *male* Color or Race *black* Birth-place *md*

Occupation *Laborer* Where Residing if not at place of death *Athol*

Married, Single or Widowed *married* Name of Wife or Husband *Mary Nelson*

Father's Name *David Nelson* Father's Birthplace *md*

Mother's Maiden Name *Leassie Nelson* Mother's Birthplace *md*

Name of person giving Information *Mary Nelson* How related to deceased *wife*

CAUSES OF DEATH

Primary *nephritis* **120** How long *one year*

Immediate *exhaustion* How long *progressive*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. L. ...*

Address *Savage*

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		9	4	33			
Sex	Male	Color or Race	Physician	Birth-place	Md		
Occupation	Physician	Where Residing if not at place of death		Glenly			
Married, Single or Widowed	Single	Name of Wife or Husband		No			
Father's Name	L J B Owings			Father's Birthplace	Md		
Mother's Maiden Name	Mary Dorsey			Mother's Birthplace	Md		
Name of person giving Information	Minnie Owings			How related to deceased	Sister		

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	2 Years
Immediate	Exhaustion & hemorrhage	How long	2 Months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. A. Nichols	
Address		Dayton	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
In
Full

James Penn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Long Corner ^{County} Howard MARYLAND

Date of death 1909 ^{Month} December ^{Day} eleventh ^{Years} 80 ^{Months} 9 ^{Days} 29

Sex Male ^{Color or Race} White ^{Birth-place} Carroll Co.

Occupation Farming ^{Where Residing if not at place of death} Long Corner

Married, Single or Widowed Married ^{Name of Wife or Husband} Margaret Antoinette Penn

Father's Name James Penn ^{Father's Birthplace} ~~Don't Know~~

Mother's Maiden Name Sarah Snyder ^{Mother's Birthplace} ~~Don't Know~~

Name of person giving information Effie A. Penn ^{How related to deceased} Daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright's Disease ^{How long} 5 months

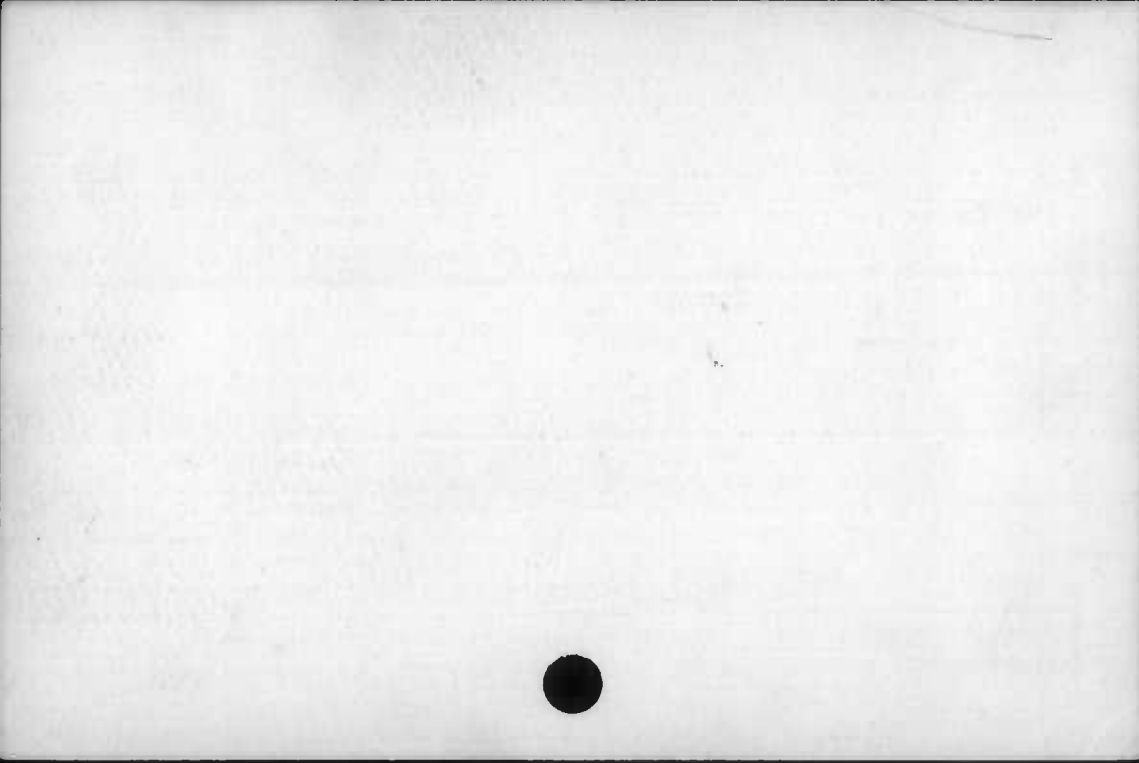
Immediate Asthma ^{How long} 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. E. Brownwell

Address Mt. Airy Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Henryton ^{Town} Sellman ^{County} Howard **MARYLAND**
Date of death 1909 ^{Month} Dec ^{Day} 30 ^{Years} — ^{Months} — ^{Days} —
Sex Boy Color or Race White Birth-place Henryton
Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name William Sellman

Father's Birthplace Carroll Co

Mother's Maiden Name Sesil Sullivan

Mother's Birthplace Howard Co

Name of person giving Information Sarah Sullivan

How related to deceased Mother

CAUSES OF DEATH

Primary Still Birth - Asphyxiation

How long 8

Immediate —

How long —

Are the name, age, sex, color, date and place correctly given above? —

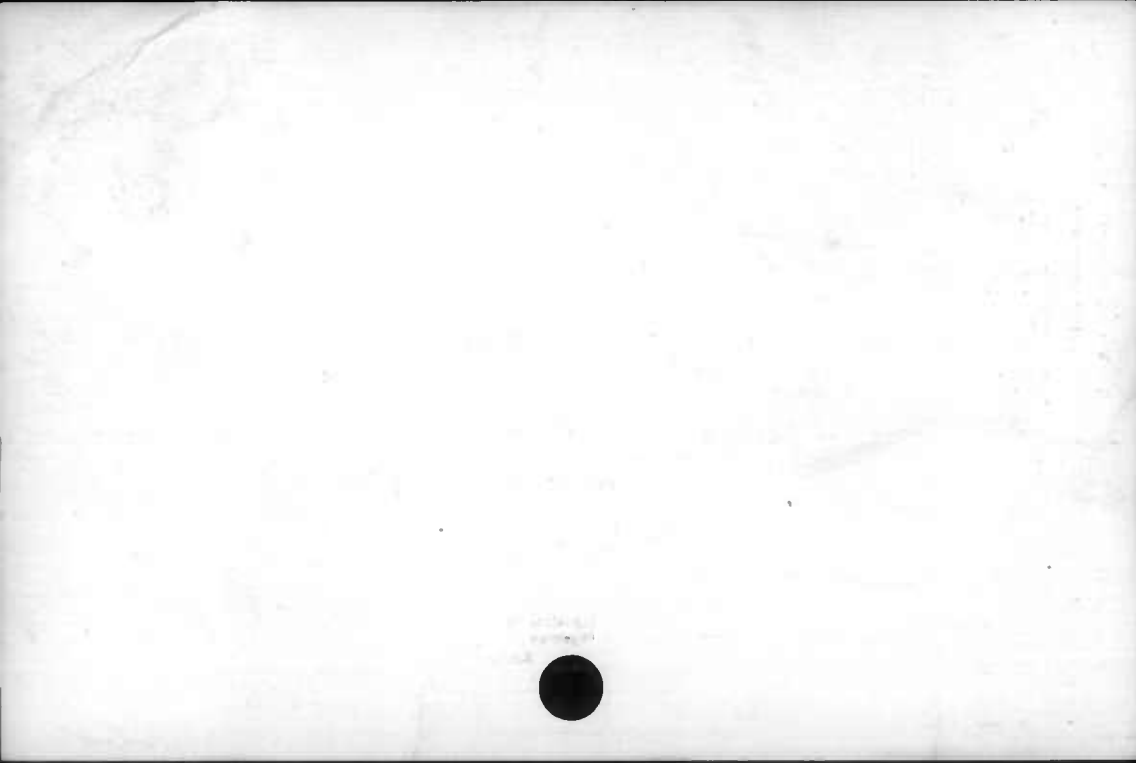
Signature of Physician

Address

D. B. Sprecker
Psychville
md

PHYSICIAN
OR CORONER

Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nicholas Stumpf
Died at *Elliot City* Town *Howard* County
Date of death 190 *9* Dec. *17* Age *62*
Sex *Male* Color of Race *White* Birth-place
Occupation *Butcher* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Christine Stumpf*
Father's Name *not known* Father's Birthplace *not known*
Mother's Maiden Name *not known* Mother's Birthplace *not known*
Name of person giving Information *Christopher C. Schatz* How related to deceased *Son in law*

CAUSES OF DEATH

Primary

Pistol Shot

How long

166

X

How long

X

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address



Edward J. Jones, Coroner
Elliot City, Md.



shl

Name
in
Full.

Name not known Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1909</i> Month <i>December</i> Day <i>25</i>		Age <i>65</i> Years		Months Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>not known</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>not known</i>			
Married, Single or Widowed <i>not known</i>		Name of Wife or Husband <i>not known</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>U</i>			
Mother's Maiden Name <i>U</i>		Mother's Birthplace <i>U</i>			
Name of person giving information <i>James Leamy</i>		How related to deceased			

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary <i>Exposure</i>		How long
Immediate <i>Frozen dead</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J H Kusan Act Coroner</i>
		Address <i>Elkridge Howard Co Md</i>
Accident or Suicide		

